

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	ASD		
FORMALITY REVIEW	YG	ASG	
RESPONSE FORMALITY REVIEW			

[illegible]

509

239

**If more than 150 claims or 10 actions
staple additional sheet here**

10/22/61 301-931-466-509
rejected
532-465 w/draw

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INDEX OF CLAIMS

500's

Claim		Date			
Final	Original				
1	10/22/01				
2	2/11/262				
3	2/5/263				
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SYMBOLS
 ✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim		Date			
Final	Original				
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INDEX OF CLAIMS

40015

Claim		Date	
Final	Original		
401	N	1/22/0	
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50	N	N	N

SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- N Restricted
- I Non-elected
- A Interference
- O Appeal
- O Objected

Claim		Date	
Final	Original		
51	N	1/22/0	
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65	N	1/22/0	
66	✓	1/17/0	
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80	N	1/22/0	
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100	✓	N	N

INDEX OF CLAIMS

300's

Claim		Date			
Final	Original				
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350	N	N	N		

SYMBOLS
 ✓ Rejected
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Claim		Date			
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